| EPRESENTATIVES IT Stick Intuitives District: 4 Idea Staff File Shared ANSWER EACH OF | dates, and New Employees Check if Amendment | LEGISLATIVE RESOURCE CENTI- 18 OCT -4 PM 1: 29 U.S. House Let l |
|--|---|--|
| New Officer or Employee Staff Filer Ty Employing Office: Shared | Period Covered: Jenuary 1, | A \$200 penaity shail be assessed against any Individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUES | STIONS | |
| A. Did you, your spouse, or your dependent child: e. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or one than \$200 in unearned income from any reportable esset during the reporting period? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | gh the reporting Yes No No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoreria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period? | F. Did you have any reportable agreement or arrangement with an outside antity during the reporting period or in the current calender year up through the date of filing? | arrangement with an Yes No No |
| D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period? | J. Did you receive compensation of more than \$5,000 from e single source in the current year end two prior yeers? | \$5,000 from e Yes No No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE | CHEDULE IF YOU ANSWER "YES" | COMPLETE |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS | N - ANSWER <u>BOTH</u> OF THESE | QUESTIONS |
| TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such e trust that benefits you, your spouse, or dependent child? | other "excepted trusts" need not be disclosed. Have you excluded | fave you excluded Yes 🔲 No 🗹 |
| EXEMPTION - Have you excluded from this report eny other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | f a spouse or dependent child because they mee | it all three tests for Yes No V |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

| | ¥ | | प् | | • | B | g 0 | F nding | S E S | inter inter | | 3 9 2 | 7 55 E 7 | # <u>5</u> 7 | 88 | in a se pict | | |
|------------------|--------------|---|--|----------------|------------------|-----------------|--|---|---|--|---|---|--|---|---|---|------------------------------|---------|
| H | က | 2 | T | † | m | | please refer to the instruction booklet | If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, | If you report a privately-traded fund that is Excepted investment Fund, please check the "box. | Exclude: Your personal residence, including secont fromes and vacation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan | For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and geographic location in Block A. | For rental and other real property held for investment, provide a complete address or description, e.g. rental property," and a city and state. | For bank and other cash accounts, total the amount in all inharest-bearing accounts. If the total is over \$5,000, its every financial institution where there is more than \$1,000 in interest-bearing accounts. | For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset haid in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual fund (do not use only licker symbols). | Identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1.00 at the end of the reporting pention and (b) eny other reportable asset or source of income which generated more than \$200 in 'uneamed' income during the year. | ₽ | |
| IN Personal Plan | 366 | COCH | James of Deather | | Examples: | | of the control of the | sous fight fight | 20 | and v | # 7 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 | 0 a 2 | THE STATE OF | | | | Assets and/or Income Sources | • |
| 5 | - · | [| E | | ă | | ğ | | 9 P | or a series | ership interest in publicly traded, the nature of location in Block | 300 | 000 |) p 3 | 춫 |) each asset of income and \$1,000 at the er other reportable erated more tring the year. | <u>.</u> | |
| | Managent Man | | 8 | * | 82 | * | 3 | | 9. P. | ensonal di ion home reportir income m. inclus | | 3 6 3 |) | 2 4 G | icker | each asset income and (000 at the eight reportable ated more 1) the year. | Ē. | ŀ |
| | P | heate | Z | ABC Hedge Fund | Simon & Schuster | Mage Corp Stock | 2 | 8 8 8 8 | 3 | | | 3 g & | ntere | 2.30 | ayırı Sym | 7 2 2 2 2 | ¥ | 5 |
| E, | | • | 5 | 1 | Ser | 3 | 3 | Sch Bry | 7 A | rsidence rs (united g period) derived ing the T | × T.O. O. | a do | at-ba | 3 8 8 | S S S | nd of | 8 | BLOCK A |
| 9 | Ş | 3 | | g. | 1 | ₹. | 8 | | \$ X | | | ¥ 2 ₹ | | og of B |) <u>K</u> | 100 mm at | Ž | |
| | 7 | 3 | Bared | | | | 7 | | 3 5 | there and a from, hrift Se | a privately-held by state the name to activities, a A. | 9 & & 5 & | 3 3 3 3 | 프로 <u>유</u> | 2 | asset held for investment or me and with a fair market value at the end of the reporting period, portable asset or source of income more than \$200 in 'uneamed' year. | S | ı |
| • | 2 | - | | | | ìì | 1 | | 2 5 | A S S S | , a § § | | | 2 B 3 | | | ā | 1 |
| _4 | 4 | 7 | | ļ | _ | \Box | | en (SP) | ₹ # # # | second se renta financia federa ga Plan | and of president | 3 8 | , 2 a g | hot a (suc) | ᇎ | straent o siket valus ing period e of income 'uneamed | 3 | ı |
| | | | | × | 1 | | 7 | ∄ 5∘5 | 면 8 변경 | | a 7 8 | 9 | 8 5 Y | 5 B | | V 24 | | |
| | ļ | | | | - | | Non | | | | | | > | | *Column M is for assets held by your spouse or depender child in which you have no interest. | indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be home." | | |
| | | <u> </u> | | | | L | \$1-\$ | 1,000 | | | | | • | , | 5 5 | indicate value of statet at close of the use a valuation method other than fal- specify the method used. If an easet was sold during the reporting only because it generated income, "None." | | ŀ |
| | | | | | 3 | | \$1,0 | 01-\$15,000 | | | | | | , | 호로 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ı |
| | | | | | Inclass and | | \$15, | 001-\$50,000 | | | | | | ,] | Ş Ş | = 0 0 0 | | l |
| × | | - | | + | | × | \$50 | 001-\$100,000 | | | - Williams | | | 1 | 7 20 E | 25 65 6 | < | ŀ |
| _ | | | - | | 1- | | | ,001-\$250,000 | | | ** ************************************ | | | | 3 8 | 200 | 를 | |
| | | | | × | +- | - | | 0.001-\$500,000 | | | | | | | and a | | 9 | BLOCK B |
| A belige- | | | - | ì | - | - | | 001-\$1,000,000 | | | | | | _ | \$ 5 5 | com of the | > | Ä |
| _ | × | - | | - | - | _ | _ | 00,001-\$5,000,000 | | | | | | | Ĕ | 10 TH | Value of Asset | |
| | - | | 2 | - | ╁ | | | 00,001-\$25,000,00 | , | | | ***** | - | | ğ | reporting period. If you reporting period it is included by period and is included the value should by | - | |
| | | | | - | <u> </u> | ┝ | | 000,001-\$50,000,0 | | | | | | | 8 | DE SE | | - 1 |
| | ł | - | | - | | - | - | \$50,000,000 | ···· | | | | | | 8 | 10 m | | Į |
| | - | | - | - | + | - | - | | e4 000 000s | | | | | | 3 | G C Dig | | 1 |
| - | | | 1.0 | - | 1 | - | _ | ne/DC Asset over | \$1,000,000 | | | - 1110- | | _ | _ | 90.0 | | |
| -,1, | | | | 1- | | | NO | | | principality of completency () considering from | arayan ar y Washin Madadi sanay | | | , A 20-10- | Norm If the asset a marked during the reporting period. | 20.5 | | ł |
| | | | | 1 | ; | × | DIVI | DENOS | | | | | | | 7 = | 7 7 2 8 | | |
| | | <u> </u> | <u> </u> | | | _ | REA | T | | | | | | | 8 2 | all columns that a penerale tax-defence (). RA, or 525 m. un Tax-Oefened and applications and capital must be au | Э | |
| | | | 1 | | - | | INT | REST | | | | | | | 7 6 3 | A SAB | P | æ |
| | | | | П | Γ | | CAF | ITAL GAINS | | | | | | | 3,4 | 1 | Type of income | BLOCK |
| Т | | | | |) | | EXC | EPTED/BLIND TR | JST | | | | - | | 2 3 | | 1 | 6. |
| | 1 | | | | 1 | | TAX | DEFERRED | | | | | | | <u> </u> | hoon hoon you | Ž | |
| - | 30 | | 2 | 3 | 20 | | _ | | | | | • | | _ | None" If the asset a nurated no during the reporting period. | Chi at el columns that audy. For soccurts that generale tax deferred income (such as 401(k), FA. or 522 a. u.ms), you may check the "Tax-Oriented" aums. Dividende, britant and capital gales, even it reference must be supposed as income reference. | | |
| | Ties. | | Con. | home | Royations | | Oth | r Type of Income (| Specify: e.g., | Partnership Income | or Farm Incom | a) | | | incomy | such sych | | |
| - | • | | • | 2.5 | = | _ | - | | | | | | | | 3 9 | | | _ |
| Κ. | - | | - | - | - | - | Non | | | | | | - | | | CO THE SECOND | | |
| | | | - | - | +- | × | \$1-3 | | | | | | | | | 2 X E N E | | _ [|
| | - | | | | - | _ | | \$1,000 | | | | | * | | | ets for which you checke indicate the category of gains, even if reinness "None" if no income was in XII is for assets held b | | ı |
| | | - | | 1 | 1- | _ | + | 71-\$2,500 | | | | | ₹ | o | | T no stand | | |
| | | | | _ | × | | - | 71-\$5,000 | | | | | | 5 | | inos inos | | |
| | * | - | _ | × | ╁- | - | + | 71-\$15,000 | | | | | <u> </u> | 1 | | | | |
| | - | - | * | - | - | - | | 001-\$50,000 | | | | Maria Maria | <u> </u> | Current Year | | d by | | 1 |
| | _ | - | | - | +- | - | | 901-\$100,000 | _ | | | | Ę | 4 | | d Tax-I income ad, mu earned | | |
| | - | | | - | - | - | | 001-\$1,000,000 | | | | | ₹ | | | seets for which you checked "Tax-Deferred" in Block C, you may check the "None" column to indicate the category of income by checking the appropriate box below. Dividends, all galins, even if reinvested, must be disclosed as income for assets held in taxet it "None" if no income was earned or generated. | | |
| | | | \vdash | | 1 | _ | | 00,001-\$5,000,000 | _ | | | | <u> </u> | | | O COM | ă | |
| | <u> </u> | | | ! | * | _ | - | \$5,000,000 | ** *** | | | | <u> </u> | | | Deferred" in Block C, you may check the "None" column. If by checking the appropriate box below. Dividends, let at the disclosed as income for assets held in taxable or generated. | Amount of Income | œ |
| _ | | | | ! | - | _ | | se/DC income ove | \$1,000,000 | - | | | Ş | 4 | | Des de la secono | 0 | BLOCK D |
| <u> </u> | | - | + | ļ | +- | _ | Non | | | | | | | | | 2 880 | ¥ | ê |
| | - | - | - | | 1 | - | \$1-\$ | | | | | | | 1 | | propi megi | ě | |
| | | | _ | ; | : | × | | \$1,000 | | | | | | | | may may | ē | j |
| | - | | - | , | 1 | <u> </u> | | 71-\$2,500 | | | | | 7 | P | | for a | | ļ |
| | | | | <u> </u> | 1 | | | 01-\$5,000 | | | | | <u> </u> | Preceding | | C, you may check the " appropriate box below. as income for assets wat child in which you ha | | |
| | _ | - | | - | ,×. | | | 71-\$15,000 | | | | | \$ | 를 | | have R | | |
| | × | | * | × | ! | _ | + | 001-\$50,000 | | | | | <u> </u> | 2 | | one" column Dividencia, eld in taxal | | ı |
| | | | - | | | | + | 001-\$100,000 | | | | | Val | Yes. | | column. dende, t in taxabi | | Į |
| | — | <u> </u> | - | | | _ | _ | ,001-\$1,000,000 | | | | | × | | | | | |
| _ | | | | | - | _ | _ | 00,001-\$5,000,000 | | Marine I | | | ×. | | | For all on Indonesia, and application | | |
| = | - | - | | | | | | \$5,000,000 | | | | | × | | | 1,0 | | ı |
| | | | | | | | Spo | se/DC Income ove | \$1,000,000 | • | | | ¥ | | | 411 | | 4 |

| | NCOME" |
|----------|--------|
| Name: | |
| James | |
| 12 Barre |) |

Page 3

| | 4 | | | 4 | | দ্র | | 무 | | प | | 7 | | प्र | \$RF | | | | | | Ţ |
|----------|---------|--|-----------------------|--|----------------|----------|--|--|------------------|--------------|--|--------------|------------------|--|------------|--|-------------|----------|------------------|--------------|---|
| <u>,</u> | JOB DSE | Nocth- | 300 Sw | 7/6 | 1275 NJ | 776 | 3452N | BFF | 6132 w | 388 | 6191 WZSW | 278 | 1880 N Z | 338 | ASI | | | | | Assats and/o | |
| フつうき | 3 26 | Trust | 300 S what what all s | 35 | backer, C. The | 12 | しのし,して、コン | 26 | 6132 w 225D 6CID | 32 | asn GCIN | 32 | 1880 N 250W GCIN | 26 | ASSET NAME | | | | | BLOCK A | |
| - | | | £ | | - | | 1 | | 2 | | _ | - | <u> </u> | | T. | | | | 1 | 8 | ŀ |
| , | | | | | | | | | | | | | | | | None | | | | | t |
| | | | | | | L | | | | | | | | | | \$1-\$1,000 | 1 | 20 | | | |
| | | <u> </u> | | <u> </u> | ļ | - | <u> </u> | - | | ļ | ļ | - | | | | \$1,001-\$15,000 | | 2 | | | ļ |
| | × | کم | | | | | | | | | | | | | | \$15,001-\$50,000 | | 3 | | | l |
| | | 8 | | ļ | ļ | <u> </u> | | <u> </u> | | | | | | | | \$50,001-\$100,000 | | ח | | 5 | L |
| | | 0 | ļ | × | | ļ | ļ | ļ | ļ | 7 | | × | - | × | | \$100,001-\$250,000 | - | J. | | BLOCK B | Ļ |
| | | 1 | | ļ | - | - | + | × | | | | - | - | | | \$250,001-\$500,000 | | 9 | | S S | ŀ |
| _ | - | 3 | ļ | ╀— | - | × | | ^ | | | - | | ┼ | | | \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 | | ž | | | ŀ |
| | | \ <u>\</u> | - | - | | ┼─ | + | | | | | | ┼ | + | | \$5,000,001-\$25,000,000 | | | | | ŀ |
| - | | 3 | - | | | _ | | | | | | | - | | | \$25,000,001-\$50,000,000 | | * | | | ŀ |
| | | 6 | | | 1 | \vdash | | 1 | \vdash | <u>├</u> | <u> </u> | † | | | | Over \$50,000,000, | · | _ | | | t |
| | | P | | | | 1 | | | | | | | | | | Spoure/DC Acust over \$1,000,000* | | 5 | | | ľ |
| | X | (/\ | | | | | | | | | | | | | | NONE | | | | | Ī |
| | | X | | 1 | | | | | | | | | | | | DIVIDENDS | | - | | | ľ |
| | | à | | × | | × | | × | | × | | X | | × | | RENT | | | | 4 | I |
| | | 1 | | 1 | | | | | | 1 | 1 | | | | | INTEREST | | | 1 | | ľ |
| _ | | V | | <u> </u> | | | | | | | | | | | | CAPITAL GAINS | • | | | BLOCK C | l |
| | | C | | | | | | | | | | | | | | EXCEPTED/BLIND TRUST | | | | Sõ | ľ |
| | | | 1 | 1 | | | | | | | | | | | | TAX-DEFERRED | | _ | | } | ľ |
| | | 1 | | | | | | | | | | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | Ì |
| | X | 10 | | | | | | | | | | | | | | None | , | П | | | ľ |
| | | D | | | | _ | ↓_ | | | | | | | . | | \$1-\$200 | == | | | | L |
| | | | | ļ | - | ـــ | - | ↓— | <u> </u> | <u> </u> | | | ļ | - | | \$201-\$1,000 | 3 | H | | | ŀ |
| | | - | | - | - | | ļ | - | | - | ļ | - | | + | | \$1,001-\$2,500 | ₹ | ြဂ | | | ŀ |
| - | | - | | × | - | - | - | × | - | * | - | × | | × | | \$2,501-\$5,000 \$5,001-\$15,000 | V | E I | | | ŀ |
| _ | | | - | + | + | + | - | + | <u> </u> | + | | + | 1 | +?- | | \$15,001-\$50,000 | N VI | Ĭ. | | | ŀ |
| - | - | † | | t^- | | † | 1 | | | | | | | | | \$50,001-\$100,000 | MIA 1 | Year | | | ŀ |
| | | | | 1 | | × | | | | | | | | | | \$100,001-\$1,000,000 | R | | | | ŀ |
| | | | | | | | | | | | | | 41 | | | \$1,000,001-\$5,000,000 | × | | 3 | • | ľ |
| | | | | | | | | | | | | | | | | Over \$5,000,000 | × | | Amount of Income | - | |
| | | _ | | <u> </u> | <u> </u> | _ | | | | | ļ., | <u> </u> | | | | Spause/DC Income over \$1,000,000* | X | | 2 | BLOCK D | L |
| | ४ | | - | ļ | - | - | - | | ļ | - | | ļ | - | * | | None | 1 | | 5 | Š | ŀ |
| | - | | | - | - | | - | | - | | - | | 1 | - | | \$1-\$200 | == | | 607 | | ŀ |
| | | - | | + | - | - | | - | - | | - | ┼ | - | - | | \$201-\$1,000 | - | | • | | ŀ |
| | | - | - | - | | - | - | | - | | | | - | - | | \$1,001-\$2,500 \$2,501-\$5,000 | N N | 핗 | | | ŀ |
| | | | - | * | - | - | | × | | × | - | × | - | - | | \$5,001-\$15,000 | 5 | Ce. | | | ŀ |
| | | | | 1 | | | | | | | | - | 1 | - | | \$15,001-\$50,000 | 7 | | | 11/ | r |
| _ | | | - | + | 1 | T | | | | | | | | | | \$50,001-\$100,000 | mA ! | Year | | | ŀ |
| | | | | | | × | | | | | | | 3 | | | \$100,001-\$1,000,000 | × | F | | | ľ |
| | | | | | | | | | | | | - | | | | \$1,000,001-\$5,000,000 | × | 1 | | | I |
| | | | | | | | | | | | | | 1 | | | Over \$5,000,000 | ΩĶ | | | | L |
| | • | İ | i | | İ | | | 1 | | | 1 | | | | | Spouse/DC Income over \$1,000,000* | ¥ | LĴ | | | ĺ |

TTE: Tople Tree Enterprise, Inc.) .. e Crewfords ville

THICP = Indiana Home Cacaphs, Inc

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

| Name: James P. Bair 2 |
|-----------------------|
| |

EXCLUDE: Military pay (such as National Guard or Raserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and emount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of eny honoraria. List only the source for other spouse earned income axceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income any apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honorarie, director's fees, end payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| | | Am | Amount |
|--|---------------|------------------------|---------------------|
| Source (module date of leceipt for horioralia) | ype | Current Year to Filing | Preceding Year |
| ABC Trade Association, Battimore, MD (July 15) | Honoration | \$0 | \$500 |
| Examples: Serie or Maryland (Oct. 2) | Spouse Speech | \$20,000 \$6 | \$76,000 \$1,000 |
| Ontario County Board of Education | Spouse Salary | NA. | NA |
| Indeana Home Care Plus, Inc Combiduite, In | Salary | 125,000 | 125,000 |
| | | 125,000 | 125,000 |
| State of Indiana | Salary | 38,010 | 3 <u>8,010</u> |
| | C | • | • |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name: James R Basse & Page 6

Page 6 of 7

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); losns secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouss or dependent child. exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

| | | | | | | | \ | moun | Amount of Liability | ability | | | | |
|--------|--------------------------------------|-------------------------------|---------------------------------------|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|-------------------|--|
| | | | | ٧ | tos . | c | 0 | 3 | j. | ရ | æ | - | , | * |
| DC, Jr | Creditor | Date Liability Incurred MO/YR | Type of Liability | \$10,001- \$15,000 | \$15,001- \$50,000 | \$50,001- \$100,000 | \$100,001- \$250,000 | \$250,001- \$500,000 | \$500,001- \$1,000,000 | \$1,000,001- \$5,000,000 | \$5,000,001- \$25,000,000 | \$25,000,001- \$50,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| | Example First Bank of Wilmington, DE | 5/98 | Morgage on Rental Property, Dover, DE | | | | × | | | | | | | |
| 4 | FCS, Grove cased IN | 2/15 | BFF Mortage | | | | | | | × | | | | |
| 4 | FFB. Rockwille IN | 2/15 | BFF Mortage | | | | | | × | | | | | |
| ধ | Bank of America | 12/17 | cc o • | × | | | | | | | | | | |
| 4 | C;+; Bank | 12/17 | Cc | X | | | | | | | | | | |
| 덕 | FNB | • | BFF Modanc | | | | Х | | | | | | | |
| | | 1 | A 0 | | | | | | | | | | | |

SCHEDULE E - POSITIONS

political entities (such as political perties end campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting Report ell positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of eny corporation, firm, partnership, or other business anterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in eny religious, social, fraternal, or

| Position | Name of Organization |
|--------------------|------------------------------|
| Asst Administrator | Tuditime Home Caco Plux IINC |
| Preschont | Basil Famil Farm LLP |
| President | Tople Tree Enterprise Inc |
| | |
| | |

465= Farm Coadit Services FFB= First Finactal Bowk

SCHEDULE F - AGREEMENTS

| Page |
|------|
| - |

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|---------|----------------------------------|---------------------|
| 11/2010 | 1/2010 Muself + State of Indiana | Leasslatine Pension |
| | 0 | 0 |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business anterprise if you directly provided tha services generating a fee or payment of more than \$5,000. Excluda: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| | | Source (Name and City/State) | Brief Description of Duties |
|---|----------|--|-----------------------------|
| | Example: | Doe Jones & Smith, Hometown, Homestata | Accounting Services |
| , | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |